



STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE



Declaration of High Capacity Magazine(s)  
Appendix A

Instructions:

1. Type or print all information in all sections. (Must be legible or it will be returned)
2. Submit proof that you purchased this magazine on or prior to April 4, 2013 to include one of the following: a sales receipt, or sworn affidavit that the specified magazine(s) was purchased in compliance with state laws.
3. Mail or deliver completed form to: Department of Emergency Services and Public Protection (DESPP), Special Licensing and Firearms Unit, 1111 Country Club Road, Middletown, Connecticut 06457-2389

Applicant's Name: (Last, First, Middle)			
Address: (Number, Street, City or Town, State, Zip) <u>NO P.O. Boxes</u>			
Date of Birth:	Social Security Number:		Home Telephone Number:
Sex:	Height:	Weight:	Operators License Number:
Permit Number / Eligibility Certificate Number/ or Ammunition Certificate Number:			

Make (if available)	Type	Capacity	Number of Magazines
<i>EX: Ammunition Storage Components</i>	<i>6.5 Grendel</i>	<i>17</i>	<i>20</i>

I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See CGS § 53a-157b). I further understand that any statement in this application that is determined to be false or inaccurate shall constitute grounds for the denial of such application. If approved before the facts are known, such approval shall be void if based on a false or inaccurate statement. My signature below attests to the accuracy, completeness and to the truth of all information supplied on this application:

I declare, under the penalties of False Statement, that the answers to the above are true and correct.

SIGNED: \_\_\_\_\_

Dated: \_\_\_\_\_